



WORK SHEET

Module 16

Collision Information Form

Name_____

Date_____

Score_____

Take Home Assignment

You will need information about your family vehicle (one) and insurance company.

Complete all the information on the form shown on the reverse side:

INFORMATION ABOUT ME

COLLISION INFORMATION EXCHANGE

Use this information card to record key information about you and your vehicle that could be given to the other driver involved in the collision.

Over

**INFORMATION ABOUT ME
COLLISION INFORMATION EXCHANGE**

Use this card to provide key information about you and your vehicle to
the other driver involved in the collision

Date_____

Name_____

Address_____

Telephone Phone _____

Driver License State and Number_____

Name of Insurance Company_____

Year and Make of Vehicle_____

Vehicle License Number and State_____

**INFORMATION ABOUT YOU
COLLISION INFORMATION EXCHANGE**

Use this card to obtain key information about the other driver and
their vehicle involved in the collision

Date_____

Name_____

Address_____

Telephone Phone _____

Driver License State and Number_____

Name of Insurance Company_____

Year and Make of Vehicle_____

Vehicle License Number and State_____

**COLLISION
WITNESS/PASSENGER STATEMENT**

Please help the driver by filling out this card.

Date_____

Name_____

Address_____

Telephone Phone _____

Did you see the collision?

Were you involved?

Was anyone hurt?

Were you a passenger in this driver's vehicle?

Were you hurt?

Where were you seated?

**COLLISION
WITNESS/PASSENGER STATEMENT**

As you saw it, what happened?